

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33899

970
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
2

1. PLACE OF DEATH
a. COUNTY Subaru

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Warren

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Dean c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year)
10 2 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never married

8. DATE OF BIRTH Oct 2-1941 9. AGE (In years last birthday) 11 0 0

10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired)
Student 10b. KIND OF BUSINESS OR INDUSTRY State School

11. BIRTHPLACE (State or foreign country) MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edgar Johnson 13b. MOTHER'S MAIDEN NAME Helena Faye Johnson 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME State School Records ADDRESS Marshall Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Sepsis
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) —
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
— — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-16, 1952, to 10-2, 1952, that I last saw the deceased alive on 10-2, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Davila M.D. 23b. ADDRESS Mo State School Marshall Mo 23c. DATE SIGNED 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/4/52 24c. NAME OF CEMETERY OR CREMATORY Barnard 24d. LOCATION (City, town, or county) (State)
Barnard, Mo.

DATE REC'D BY LOCAL REG. Oct 3-1952 REGISTRAR'S SIGNATURE Sidney T. Gray 385-2 25. FUNERAL DIRECTOR'S SIGNATURE Campbell Funeral Home - Marshall ADDRESS —

(Licensed Embalmer's Statement on Reverse Side)

THE UNIVERSITY OF MISSISSIPPI
JAN 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3235

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.